

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814
(916) 222-6320



December 4, 1980

ALL-COUNTY INFORMATION NOTICE I- 128-80

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: STATUTORY CHANGES AFFECTING BENEFIT LEVELS; CHANGE IN MINIMUM WAGE;
NOTICE OF ACTION REQUIREMENTS
REFERENCE:

Chapter 511, Statutes of 1980, changed the method for computing cost-of-living increases for IHSS and SSI/SSP. This law has the following impacts:

1. The IHSS monthly restaurant meal allowance will be reduced from \$44 to \$43 for the period January 1, 1981 through June 30, 1981.
2. The IHSS monthly service maximums (MPP 30-465) will continue to be \$767 for severely impaired persons and \$532 for other IHSS recipients through June 30, 1981.
3. The SSI/SSP benefit levels will be changed effective January 1, 1981. See the attached table for the new benefit levels.
4. The allocations for ineligible spouses and children on forms SOC 294A (IHSS Income Eligibility-Adult) and SOC 294C (IHSS Income Eligibility-Child) will remain unchanged. See the forms as revised July 1980 (copies attached).

Minimum Wage Changed

Effective January 1, 1981, the minimum wage will increase from \$3.10 to \$3.35.

Impact on IHSS Administration

These changes will have the following impacts:

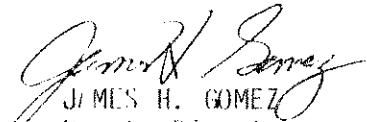
1. Service payment levels will increase in certain cases.
2. Certain recipients will receive fewer hours of service.
3. Recipients of the restaurant meal allowance will receive a lower allowance.
4. Shares of cost will increase for income eligibles.

Notice of Action Requirements

MPP 30-459 requires the sending of a Notice of Action when "...services to a client are approved, denied, changed or terminated". MPP 10-116.13 requires timely notice when a service authorization "...is adversely altered, discontinued or reduced, or a service fee is changed". In such cases, according to MPP 10-116.32, timely notice means that the notice must be mailed at least ten days prior to the effective date of the action, not including the mailing date or the date of the action. MPP 10-116.3 provides that notices will be sent in a "timely manner". Where the effect of the action is to change the service payment by increasing it to accommodate the increase in the minimum wage, mailing the notice no later than the effective date of the action would constitute notice in a "timely manner".

If you have any questions on this matter, please contact your program management consultant.

Sincerely,



JAMES H. GOMEZ
Deputy Director

Attachment

cc: CWDA

SSI/SSP BENEFIT LEVEL TABLE
January 1981 - June 1981

BENEFIT LEVEL FOR INDIVIDUAL

<u>ITEM</u>	<u>BENEFIT LEVEL</u>
<u>Aged or Disabled Adult</u>	
Own Household	\$402.00
Household of Another	322.67
Restaurant Meals	43.00
<u>Disabled Child</u>	
Living with Parent, Relative, Guardian	\$319.00
Living with Parent in Household of Another	319.00
<u>Blind Adult or Child</u>	
Own Household	\$451.00
Household of Another	371.67

BENEFIT LEVEL FOR COUPLES

<u>Aged/Disabled</u>	
Own Household	\$746.00
Household of Another	627.00
Restaurant Meals	86.00
<u>1 Blind/1 Aged or Disabled</u>	
Own Household	\$828.00
Household of Another	709.00
<u>Blind</u>	
Own Household	\$877.00
Household of Another	758.00

IHSS INCOME ELIGIBILITY — ADULT

Name _____ Case No. _____ Month _____

RECIPIENT

SPOUSE

A. Income of aged, blind or disabled individual or couple (if individual has spouse not aged, blind or disabled, also complete Part B)

B. Income of aged, blind or disabled individual and spouse who is not aged, blind or disabled.

	UNEARNED	EARNED		UNEARNED	EARNED
1. Unearned income (list) (Do not show exempt income)			1. Income of client's spouse*	\$	\$
a.	\$		2. Allowance for children not blind or disabled.		
b.	\$		a. Children's needs	\$119.00	\$119.00
c.	\$		b. Children's income*	\$	\$
2. Total unearned income (A1a to A1c)	\$		c. Net needs (a - b)	\$	\$
3. Any income exclusion	\$20		d. Total allowance (add B2 c's)	\$	
4. Net unearned income (A2 minus A3)	\$		3. Remaining unearned income (B1 minus B2d)	\$	
5. Earned income (Do not show exempt income)		\$	4. Unmet children's needs (If B2d is greater than B1 unearned, enter the difference)		\$
6. Unused \$20 exclusion (If A3 is greater than A2, enter the difference)		\$	5. Remaining earned income (B1 minus B4)		\$
7. Earned income exclusion		\$65	6. Net income of spouse (B3 plus B5)		
8. Total exclusions (A6 plus A7)		\$	— If equal to or less than \$119.00, A13 is entered in C1		
9. Remaining earned income (A5 minus A8)		\$	— If greater than \$119.00, complete B7 through B20	\$	
10. Net earned income (A9 X ½)		\$	7. IHSS client's income (From A2 and A5)	\$	\$
11. Other earned income deductions		\$	8. Income of couple (B3 plus B7 unearned, B5 plus B7 earned)	\$	\$
12. Total net earned income (A10 minus A11)		\$	9. Any income exclusion	\$20	
13. Total countable income (A4 plus A12)	\$		10. Net unearned income (B8 minus B9)	\$	
			11. Unused \$20 exclusion (If B9 is greater than B8 unearned, enter the difference)		\$
			12. Earned income exclusion		\$65
			13. Total exclusions (B11 plus B12)		\$
			14. Remaining earned income (B8 minus B13)		\$
			15. Net earned income (B14 X ½)		\$
			16. Other earned income deductions		\$
			17. Total net earned income (B15 minus B16)		\$
			18. Total countable income (B10 plus B17)	\$	
			19. Needs of spouse	\$119.00	
			20. Net countable income (B18 minus B19)	\$	

** If there is also a blind or disabled child in the family, the share of cost shown in Line C3 is not paid. Enter this amount on Form SOC 294C, Line A9. The share of cost will be the amount determined in SOC 294C, Line B16.

C. SHARE OF COST

1. Countable income (higher of A13 or B20)	\$
2. SSI/SSP payment level	\$
3. IHSS share of cost (C1 minus C2)**	\$

Worker _____

Date _____

Name _____ Case No. _____ Month _____

SOC 294C (7/60)